IV. Early Recovery Skills Group

Introduction

Goals of Early Recovery Skills Group

- Provide a structured group meeting for new clients to learn about recovery skills and 12-Step and mutual-help programs.
- Introduce clients to the basic tools of recovery and aid clients in stopping drug and alcohol use.
- Introduce 12-Step or mutual-help involvement and create an expectation of participation as part of treatment.
- Help clients adjust to participation in a group setting such as Relapse Prevention (RP) or Social Support group sessions or 12-Step or mutual-help meetings.
- Allow the recovering co-leader to provide a model for strengthening initial abstinence.
- Provide the recovering co-leader with increased self-esteem and reinforce his or her progress.

Session Format and Counseling Approach

Counselor and Co-Leader

The Early Recovery Skills (ERS) group is led by a counselor and co-led by a recovering client. This co-leader is usually a current client with more than 8 weeks of abstinence. The client must be progressing successfully through the program, abstaining from using drugs and drinking, and actively participating in an outside recovery group. The counselor should invite clients from the program's RP group who meet these criteria to fill the role of recovering co-leader. The co-leader should be paired up with the same counselor for 3 months.

The counselor and co-leader should meet for 15 minutes before the start of each group session to go over the session's topic and new issues about individual clients. *No confidential information can be given to the client co-leader. He or she is a volunteer and a client, not an employee.* The co-leader should be instructed to share experiences about the topic and not attempt to be a counselor. After each group session, the counselor should debrief the co-leader to ensure that the co-leader is refocused and stabilized, if necessary.

Group and Session Characteristics

The ERS component comprises eight group sessions that are held twice per week during the first month of intensive treatment. A typical ERS group is small (6–10 people), and sessions are relatively short (approximately 50 minutes). ERS sessions cover a substantial amount of material in a short time; counselors may need to move briskly from topic to topic. This group must stay structured and on track. The counselor and co-leader should be serious and focused and not contribute to the high-energy, out-of-control feeling that may characterize clients in early recovery.

The counselor begins every session by stating that the group's objective is to teach basic abstinence skills. All clients are introduced and asked to state how far they have progressed in treatment. First-time participants should be given several minutes to give a brief history. Clients giving detailed drug or alcohol histories can be interrupted politely and asked to discuss issues that prompted treatment. Any time a new client joins the ERS group, the counselor should explain the importance of scheduling and marking progress, regardless of which ERS session is the client's first. The instructions for session 1

in ERS go into detail about scheduling. The instructions for session 2 in ERS discuss marking progress in detail. The recovering co-leader is introduced as someone who is currently going through the recovery process and who can give a personal account of how the program is working for him or her.

The ERS sessions should begin on a positive note by emphasizing benefits that each client derives from recovery and the length of time clients have remained abstinent. Five minutes is set aside after introductions so clients can place a mark on their calendar handout for each day of abstinence, share positive stories with the group, and encourage other members.

Following the marking of progress, the counselor introduces the new topic, tells participants which handouts from their *Client's Handbook* they will use for the current session, gives an overview of why this topic is important to clients' recovery and abstinence, and discusses the topic with clients in the group. The session outlines that follow have specific questions and suggestions to structure and enrich discussions. The counselor should use these questions but may find that clients have other concerns that the questions do not address. The counselor should feel free to take the discussion in directions that will be most helpful to the group. The recovering co-leader can relate how each topic was useful during the early stages of his or her recovery. The counselor should ask all participants to describe how they can use the skills being discussed. If clients are having problems, the counselor can solicit advice from other group members, and the counselor and recovering co-leader can offer suggestions. About 35 minutes is spent on group topics.

The remaining part of each ERS group session is devoted to scheduling and to following up on the previous session's homework assignment. All clients must have a plan for the time between the current session and the next session. The more rigorously clients can plan, the more likely it is that they will abide by their schedules and avoid relapse. The goal is to map every day until the next ERS group meeting. After scheduling is explained in the first ERS session, 5 minutes is set aside in each session for this activity. The counselor should use part of this time to allow clients to discuss successes and challenges with scheduling. Specific Alcoholics Anonymous (AA), Cocaine Anonymous, Narcotics Anonymous, or mutual-help meetings can be suggested. Clients should be discouraged from planning activities with one another or other clients in early recovery, except for meeting one another at 12-Step or mutual-help meetings. Following up on clients' homework also should take the form of a brief discussion. The counselor should strive to involve all clients, fostering in them an interest in completing the homework and an understanding that working on recovery takes full-time commitment.

At the end of group sessions, any clients who will be moving on can be given several minutes to discuss what benefits the ERS group has provided in their first month of abstinence. Any clients who are struggling should be able to meet briefly with their counselor or schedule a time to do so. The recovering co-leader is not to engage in one-on-one counseling. There is a 15-minute break between the ERS group session and the RP group session.

Special Considerations

Clients in the ERS group probably have achieved only brief periods of abstinence. Their behavior may require that the counselor sometimes intervene and assert control in a strong, yet tactful fashion. The examples below illustrate how to handle some common situations.

Clients Who Spend Too Much Time Describing Episodes of Substance Use

Failing to interrupt and redirect a client who is going into detail about episodes of use can turn the session into an unstable experience that might trigger some clients to relapse. The counselor should

- Make it clear to clients new to the group that it is inappropriate for anyone to go into detail about episodes of substance use or feelings that led to using
- Interrupt a client who begins to talk in detail about using
- Remind the group that such talk can lead to relapse
- Pose a new question or topic for discussion

Clients Who Resist Participation in 12-Step, Mutual-Help, or Other Spiritual Groups

In discussions about 12-Step or mutual-help program involvement, clients frequently express dissenting opinions about the value of participation. Resistance to 12-Step or mutual-help group involvement is an important issue. To address client concerns, the counselor should

- State clearly that the treatment outcome for people who attend 12-Step or mutual-help programs is better than for people who do not. The Matrix Institute has conducted several surveys on treatment outcomes and 12-Step or mutual-help program involvement and consistently has found a strong positive relationship. However, clients may state that they do not find meetings helpful and are not going to attend.
- Acknowledge that it is not uncommon for people initially to find participating in such programs uncomfortable.
- Avoid arguing with reluctant clients or trying to compel them to attend 12-Step meetings.
- Provide clients with a list of local meetings and encourage clients to attend different meetings until they find one that feels comfortable.
- Encourage clients who are resistant to the spiritual aspects of 12-Step or mutual-help programs to attend for the fellowship and support. Social activities, coffee after the meetings, and the availability of others to call in times of trouble are encouraging aspects of participation for ambivalent members.

Those who feel uncomfortable going to unfamiliar meetings in the community may want to attend them with the recovering co-leader or other group members. Program graduates may want to start a 12-Step meeting at the treatment center, providing clients with a way to become familiar with 12-Step or mutual-help group philosophies and meeting structures while in a familiar environment.

Some clients may be willing to attend 12-Step meetings but resist getting a sponsor and working the steps. It is important to allow clients to engage in 12-Step activities on their schedules, when they are ready. The more involved clients are in a 12-Step or mutual-help program, the stronger their recovery is likely to be. Clients should choose a sponsor who is accepting of concurrent involvement in professional treatment.

Clients who are looking for an alternative to traditional 12-Step programs should be encouraged to explore the following groups:

- Women for Sobriety (www.womenforsobriety.org) helps women overcome alcohol dependence through emotional and spiritual growth.

- Jewish Alcoholics, Chemically Dependent Persons and Significant Others (JACS) (www.jacsweb.org) helps people explore recovery in a nurturing Jewish environment.
- Self-Management and Recovery Training (SMART) (www.smartrecovery.org) is a cognitive–behavioral group approach that focuses on self-reliance, problemsolving, coping strategies, and a balanced lifestyle.
- Secular Organizations for Sobriety (www.secularhumanism.org) maintains that sobriety is a separate issue from religion or spirituality and credits the individual for achieving and maintaining sobriety.
- Community-based spiritual fellowships, which take place in churches, synagogues, mosques, temples, and other spiritually focused meeting sites, often form the basis for support, lifestyle change, and clarification of values in peoples' lives.

The counselor should consult local directories for these groups and be prepared to provide contact information, if clients request.

Note: The list of alternatives to 12-Step programs is referred to in session 4 and session 8 of ERS and in session 30 of RP. The counselor should take a copy of this list to every session, in case a client requests information.

Clients Who Provide Inaccurate or Dangerous Suggestions to Other Clients

Clients sometimes may provide suggestions during group meetings that are inaccurate or possibly dangerous. When a client makes a potentially harmful recommendation to another client, the counselor

- Maintains a polite and respectful attitude toward all members of the group while remaining clearly in control
- Redirects the conversation as in the example that follows

  Client A states that her prescribed antidepressants are not helping with her depression and are making her tired. Client B says, "You should really just stop taking your antidepressants. If you're tired, you may end up relapsing to meth because you can't stay awake during the day. You've worked so hard to quit using meth and remain abstinent." The counselor should step in at this point to address the situation. "Client B, although I know you have good intentions, Client A needs to discuss her medication with her doctor. But you raise an important point: being tired can be a trigger for relapse. Let's talk about how thought stopping can help you cope with triggers when they arise."

Clients Who Cannot Take Direction or Limit Their Input

Sometimes, unstable clients are unable to take subtle direction or appropriately limit their input. In situations such as these, the counselor should

- Defuse the situation by saying something like, "You have a lot of energy tonight. Let's make sure everyone has a chance to talk. Just listen for a while."
- Address the client directly and ask the client to cease the disruptive behavior, if the counselor's attempt to defuse the situation does not succeed.
- Ask the client to leave the group for that session, if the disruptive behavior continues.

- Speak with the client alone after the group meeting about his or her specific problem, if possible.

A client who is disruptive or out of control may be experiencing an attention deficit disorder or a more serious mental disorder. Counselors should be alert to the possibility of co-occurring substance use and mental disorders and make referrals to appropriate psychiatric care when necessary.

Clients Who Appear Intoxicated

If a client seems intoxicated, the counselor should

- Ask the client to step outside the session room with the counselor. The recovering co-leader can continue the group while the counselor attempts to evaluate the client's condition and discusses the circumstances leading to the drug or alcohol use, if no other counselor is available or the client is not capable of engaging in treatment.
- Help the client find another counselor on site who can work with the client, if the client is capable of engaging productively in one-on-one treatment.
- Ensure that the client has safe transportation home and forgo any discussion of the matter until the next treatment appointment, depending on the degree of the client's intoxication.
- Avoid confrontation.

Clients Who Relapse

Clients who are beyond the first month of treatment but have relapsed and are struggling to impose structure on their recovery may benefit from repeating the ERS group while they attend RP sessions. Once the counselor determines that these clients have stabilized, they may stop attending ERS sessions and attend only RP sessions.

Rational Brain Versus Addicted Brain

The ERS group session descriptions use the metaphorical struggle between a client's rational brain and addicted brain as a way to talk about recovery. The terms *rational brain* and *addicted brain* do not correspond to physiological regions of the brain, but they give clients a way to conceptualize the struggle between the desire to stay committed to recovery and the desire to begin using stimulants again.

Adapting Client Handouts

Client handouts are written in simpler language than the session descriptions for counselors. The client materials should be understandable for someone with an eighth grade reading level. Difficult words (e.g., *abstinence, justification*) are occasionally used. Counselors should be prepared to help clients who struggle with the material. Counselors should be aware that handouts will need to be adapted for clients with reading difficulties.

Session Descriptions

Pages 37–56 provide structured guidance to the counselor for organizing and conducting the eight ERS group sessions in the intensive outpatient program. The handouts indicated in the session guidance are provided after the session descriptions for the counselor's use and are duplicated in the *Client's Handbook.* Figure IV-1 provides an overview of the eight ERS sessions.

Figure IV-1. Early Recovery Skills Sessions Overview

Session Number	Topic	Content	Pages
1	Stop the Cycle	Clients learn about triggers and cravings and how they are related to substance use. Clients learn to use thought-stopping techniques to disrupt relapse and scheduling to organize their recovery.	37–39
2	Identifying External Triggers	Clients learn to identify their external triggers and that charting their external triggers can help prevent relapse.	40–42
3	Identifying Internal Triggers	Clients learn to identify their internal triggers and that charting their internal triggers can help prevent relapse.	43–44
4	Introducing 12-Step or Mutual-Help Activities	Clients learn about the format, benefits, and challenges of 12-Step programs and about 12-Step meetings in their area. Clients also learn about alternatives to 12-Step meetings, such as mutual-help groups.	45–47
5	Body Chemistry in Recovery	Clients learn that their bodies must adjust to recovery as they work through the stages of recovery. Clients identify ways to overcome the physical challenges posed by recovery.	48–49
6	Common Challenges in Early Recovery	Clients learn new coping techniques that do not involve substance use. Clients identify challenging situations and ways to address them that help maintain abstinence.	50–51
7	Thinking, Feeling, and Doing	Clients learn how thoughts and emotions contribute to behavior and that responses to thoughts and emotions can be controlled. Clients identify behaviors that are related to substance use.	52–54
8	12-Step Wisdom	Clients learn 12-Step sayings and identify situations in which they will use them. Clients also learn to recognize when they are most vulnerable to relapse.	55–56

Session 1: Stop the Cycle

Goals of Session

- Help clients understand what triggers and cravings are.
- Help clients identify individual triggers.
- Help clients understand how triggers and cravings can lead to use.
- Help clients learn techniques for stopping thoughts that can lead to use.
- Help clients learn the importance of scheduling time.

Handouts

- ERS 1A—Triggers
- ERS 1B—Trigger–Thought–Craving–Use
- ERS 1C—Thought-Stopping Techniques
- SCH 1—The Importance of Scheduling
- SCH 2—Daily/Hourly Schedule

Topics for Group Discussion (35 minutes)

1. Discussing the Concept of Triggers

Over time certain people, places, things, situations, and even emotions become linked with substance use in the mind of the person who abuses substances. Being around those triggers can bring on a craving for the substance, which can lead to use.

- Go over handout ERS 1A—Triggers.
- Ask clients to identify their triggers on the handout.
- Discuss specific things that have acted as triggers for clients.
- Ask clients to think about possible triggers they will face when they leave the program.
- Introduce the importance of scheduling to avoid triggers; the last 15 minutes of this session (and the last 5 minutes of every other ERS session) is devoted to clients' scheduling their time from the end of one session to the beginning of the next.

2. Discussing Cravings

Cravings are impulsive urges to use that have a physiological basis. Cravings will not stop just because clients have decided not to use. Clients will need to alter their behavior to avoid the triggers that can lead to cravings. Planning for behavior changes will accomplish much more than mere good intentions and strong commitment will.

- Discuss how clients will have to change their behaviors to avoid triggering cravings.
- Discuss the importance of removing paraphernalia associated with substance use.
- Ask what changes clients already have made to reduce cravings. What effect have these changes had?
- Have the recovering co-leader discuss how the intensity of cravings has changed over time as a result of behavior changes. It is important for clients to know that cravings will subside eventually.

3. Discussing the Principle of Thought Stopping

In addition to changing behaviors to avoid triggers, clients can interrupt the sequence that leads from trigger to thinking about using to craving and then to using. Even though the triggering of cravings seems like an automatic process, clients still can avoid using by stopping their thoughts about using.

- Go over handout ERS 1B—Trigger–Thought–Craving–Use.
- Help clients understand that cravings do not have to overwhelm them; they can block the thoughts that lead to cravings.
- Have clients discuss the images that will help them stop their thoughts of using.

4. Discussing and Practicing Thought-Stopping Techniques

Thought stopping is a useful skill if clients practice it. When they encounter a trigger to use, clients must be able to use thought-stopping techniques to break the link between thinking of using and cravings. Clients should know that triggers do not *automatically* lead to using; by stopping their thoughts, clients can choose not to use.

- Go over handout ERS 1C—Thought-Stopping Techniques.
- Discuss with clients which of the four techniques (visualization, snapping, relaxation, calling someone) they think will be most helpful to them.
- Solicit suggestions for concrete applications of the techniques. What will clients visualize? What will they do to relax? Whom will they call?
- Make it clear to clients that thought-stopping techniques will hold cravings at bay, buying clients time until they can take action (e.g., go to a meeting, work out at the gym).
- Have clients suggest other techniques that might help them stop their thoughts about using (e.g., taking a walk, going to a movie, taking a bath).
- Emphasize to clients that cravings will pass; most only last 30 to 90 seconds.
- Have the co-leader discuss thought-stopping techniques that work for him or her.

Scheduling (15 minutes)

One of the main goals of scheduling is to ensure that the rational part of clients' brains takes charge of their behavior rather than the emotional addicted part of their brains where cravings start. When clients make a schedule and stick to it, they put their rational brains in charge. People in outpatient treatment need to structure their time if they are serious about recovery. It is important for clients to plan their activities and to write them down in their schedules. Schedules that exist only in one's head are too easy to revise or abandon. Clients need to schedule every hour of the day and stick to the schedule. When clients are making their schedules, special attention should be paid to weekends and any other times clients feel they are particularly vulnerable to substance use.

- Go over handout SCH 1—The Importance of Scheduling.
- Help clients understand that scheduling their time rigorously and sticking to the schedule are part of the recovery process. Scheduling will help clients' rational brains govern their behavior and aid them in making good decisions.
- Have clients complete handout SCH 2—Daily/Hourly Schedule; encourage them to be thorough in their scheduling, leaving no holes in their schedules.

Clients will undertake this scheduling exercise at the close of all eight sessions in the ERS portion of treatment. Fifteen minutes is allotted to this activity in session 1 so that the counselor can introduce it. In sessions 2 through 8, 5 minutes is devoted to scheduling, and a new activity—marking progress—is added to the beginning of each session.

Homework

Encourage clients to use pages 6 and 7 of their *Client's Treatment Companion* to keep a log of the triggers they encounter and how they combat them. Encourage clients to keep a list of thought-stopping techniques that work best for them.

Session 2: Identifying External Triggers

Goals of Session

- Help clients understand what external triggers are.
- Help clients identify individual external triggers.
- Help clients understand how external triggers can lead to use.
- Help clients review the need for scheduling to avoid external triggers.
- Help clients learn the importance of marking recovery progress.

Handouts

- CAL 1—Marking Progress
- CAL 2—Calendar
- ERS 2A—External Trigger Questionnaire
- ERS 2B—External Trigger Chart
- SCH 2—Daily/Hourly Schedule

Marking Progress (5 minutes)

Keeping a daily record of abstinence keeps clients mindful that their recovery is a day-to-day process. Marking progress also allows clients to take pride in how far they have come. Clients who are newly abstinent may experience a distortion in which time seems to pass more slowly than when they were using substances. Charting their progress in short units may make the daunting process of recovery seem more manageable. The first 5 minutes of each session in the ERS portion of treatment is devoted to this activity.

- Go over handout CAL 1—Marking Progress.
- Have clients place a checkmark on each day on handout CAL 2—Calendar for which they have not used substances.

Topics for Group Discussion (35 minutes)

1. Discussing the Concept of External Triggers

In session 1, clients learned what triggers are and identified and discussed specific triggers. Now they undertake a more detailed examination of situations and circumstances that are linked to using substances. The counselor helps clients understand that external triggers are aspects of their lifestyle and the choices they make that are under their control. These are things that they can change.

- Go over handout ERS 2A—External Trigger Questionnaire.
- Have clients place a checkmark next to all external triggers that apply to them and a zero next to those that do not.

- Encourage clients to think of external triggers that are not on the handout and list these separately.
- Have clients list situations and people who are not linked with substance use for them (i.e., who are "safe").
- Discuss clients' external triggers.
- Review the method for responding to triggers discussed in session 1 (ERS 1C—Thought-Stopping Techniques).
- Review the importance of scheduling to avoid triggers.

2. Charting External Triggers

Now that clients have made lists of their external triggers and of those people, places, and situations that are "safe," clients can classify them according to the strength of their association with substance use. Completing the External Trigger Chart (ERS 2B) helps clients realize that an episode of using substances is not set off by random events. Clients also realize that they have the knowledge to help themselves avoid substance use. By altering their behavior, clients can exercise control and reduce the chances of using substances. The counselor can encourage clients to bring this chart (and ERS 3B—Internal Trigger Chart [discussed in session 3]) to their individual counseling sessions to help address issues with triggers. Clients should keep this chart handy and add triggers to it, if new triggers arise (see Homework below).

- Go over handout ERS 2B—External Trigger Chart.
- Have clients list people, things, and situations on the chart, rating them for their potential as triggers.
- Encourage clients to share those items that are particularly troublesome and those that they feel are "safe."
- Have the recovering co-leader discuss how using the External Trigger Chart has helped him or her understand and gain control of triggers.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are part of the recovery process. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using. Following through on decisions made during scheduling helps keep clients' rational brains in charge of behavior.

- Ask clients how the schedule they made at the end of the previous session helped them remain drug free.
- Ask clients what they learned about scheduling that will affect how they make future schedules.
- Have clients complete handout SCH 2—Daily/Hourly Schedule for the time between this session and session 3.

Homework (5 minutes)

Ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Encourage clients to update their list of external triggers on handout ERS 2B—External Trigger Chart as their recovery continues.

Session 3: Identifying Internal Triggers

Goals of Session

- Help clients understand what internal triggers are.
- Help clients identify individual internal triggers.
- Help clients understand how internal triggers can lead to use.
- Help clients understand the individual thoughts and emotions that act as triggers.
- Help clients review the importance of scheduling and marking progress.

Handouts

- CAL 2—Calendar
- ERS 3A—Internal Trigger Questionnaire
- ERS 3B—Internal Trigger Chart
- SCH 2—Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session topics, the counselor gives clients time to chart their progress on CAL 2—Calendar and encourages clients to share positive events they have experienced since the last session.

Topics for Group Discussion (35 minutes)

1. Discussing the Concept of Internal Triggers

In session 1 clients learned what triggers are and identified and discussed specific triggers. Now they undertake a more detailed examination of thoughts and emotions that are linked with using substances. Early recovery can be a chaotic time, especially emotionally. Many clients may feel depression, shame, fear, confusion, or self-doubt. Although clients may feel that their thoughts and emotions are not under their control during this time, the counselor can help clients understand that how they respond to those internal triggers *is* under their control.

- Go over handout ERS 3A—Internal Trigger Questionnaire.
- Have clients place a checkmark next to all internal triggers that apply to them and a zero next to those that do not. Clients also should include thoughts or emotions that once acted as triggers, even if they no longer do.
- Have clients complete the rest of the handout, with special attention to thoughts or emotions that have triggered recent use.
- Discuss clients' internal triggers. As clients describe their internal states, reflect back what they say and ask whether it is accurate.
- Review the method for responding to triggers discussed in session 1 (ERS 1C—Thought-Stopping Techniques).

- Discuss other ways that clients can cope with triggers. If a certain internal state is no longer a problem for a client, have that client share how he or she got control over the internal trigger.

2. Charting Internal Triggers

Now that clients have listed their internal triggers, they should classify the triggers according to the strength of their association with substance use, just as they did for their external triggers. Charting their internal triggers allows clients to identify particularly safe and unsafe emotional states, which, in turn, should help them anticipate and head off problems. Completing the Internal Trigger Chart (ERS 3B) helps clients visualize the choices they make and the consequences of those choices. By seeking to avoid situations that provoke dangerous emotions, clients can exercise control over their recovery. The counselor can encourage clients to bring this chart (and ERS 2B—External Trigger Chart) to their individual counseling sessions to help address issues with triggers. Clients should keep the Internal Trigger Chart handy and add triggers to it, if new triggers arise (see Homework below).

- Go over handout ERS 3B—Internal Trigger Chart.
- Have clients list thoughts and emotions on the chart, rating them for their potential as triggers.
- Encourage clients to share the items that are particularly troublesome and those that they feel are "safe."
- Have the recovering co-leader discuss how using the Internal Trigger Chart has helped him or her understand and gain control of triggers.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are part of the recovery process. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using. Following through on decisions made during scheduling helps keep clients' rational brains in charge of behavior.

- Ask clients how the schedule they made at the end of the previous session helped them remain drug free.
- Ask clients what they learned about scheduling that will affect how they make future schedules.
- Have clients complete handout SCH 2—Daily/Hourly Schedule for the time between this session and session 4.

Homework (5 minutes)

Ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Encourage clients to update their list of internal triggers on handout ERS 3B—Internal Trigger Chart as their recovery continues.

Session 4: Introducing 12-Step or Mutual-Help Activities

Goals of Session

- Help clients understand the structure and format of 12-Step programs.
- Help clients identify the challenges and benefits of participating in 12-Step programs.
- Help familiarize clients with options for local 12-Step meetings.
- Help clients recognize that participation in 12-Step or mutual-help programs is integral to recovery.
- Help clients review the importance of scheduling and marking progress.

Handouts

- CAL 2—Calendar
- ERS 4A—12-Step Introduction
- ERS 4B—The Serenity Prayer and the 12 Steps of Alcoholics Anonymous
- SCH 2—Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session topics, the counselor gives clients time to chart their progress on CAL 2—Calendar and encourages clients to share positive events they have experienced since the last session.

Topics for Group Discussion (35 minutes)

1. Discussing Clients' Prior Participation in 12-Step or Mutual-Help Programs

Participation in a 12-Step or mutual-help program during and after treatment is central to recovery. Clients should view 12-Step or mutual-help group participation as important to their recovery as attending treatment sessions. Research shows that a combination of professional substance abuse treatment and participation in 12-Step support groups is often the most effective route to recovery. The most important aspect of 12-Step or mutual-help group participation is that it surrounds clients with supportive people who are going through the same struggles. Participation in a 12-Step or mutual-help group also reinforces the message that recovery is not an individual process. The client must do the work of quitting substance use, but the knowledge and support of others who have remained abstinent are essential to recovery.

- Ask how many clients have participated in 12-Step or mutual-help programs.
- Ask those who have participated to share *briefly* their negative experiences with meetings. The recovering co-leader can start this discussion, if clients are reticent. Negative experiences might include the following:
  - Some people in meetings are not interested in change.

- It is hard to reveal problems, even (or especially) in front of strangers.
- The structure is too rigid.
- Meetings are too time consuming.
- The spiritual elements are intrusive.
- Going to meetings can make one feel like using again.

- Ask clients who have *not* attended meetings to express their concerns about 12-Step or mutual-help group participation.
- Ask clients who have participated in 12-Step or mutual-help programs to share their positive experiences. Again, the recovering co-leader can initiate this discussion.

2. Discussing Clients' Knowledge of 12-Step Programs

The preceding discussion gives the counselor a good idea of clients' understanding of the structure and processes of 12-Step meetings. Meetings can have different characteristics. If clients do not feel that the first meeting they try suits them, they should try to find one with which they are more comfortable. It is important for clients to know that many different types of meetings are available, especially in metropolitan areas, including language-specific meetings, gender-specific meetings, open meetings, meetings based on participants' sexual orientation, and meetings for people who also have a mental disorder ("double trouble" or Dual Recovery Anonymous meetings).

- Go over handout ERS 4A—12-Step Introduction.
- Go over handout ERS 4B—Serenity Prayer and the 12 Steps of Alcoholics Anonymous.
- Emphasize that meetings are not *religious* but spiritual. Clients decide for themselves what the higher power of the 12 Steps refers to. Metropolitan areas may have special secular 12-Step meetings. Crystal Meth Anonymous (CMA) is a 12-Step program for people who are in recovery from methamphetamine dependence. CMA meetings can be found in many large cities and some smaller communities, especially in the West, Midwest, and South.
- Early in recovery, encourage clients to find a home meeting and attend as many meetings as their schedule permits.
- Stress the importance of finding and working with a sponsor.
- Have the recovering co-leader tell his or her story of finding a 12-Step meeting to attend and how doing so has helped him or her.
- Share with clients information about the 12-Step programs in the area. Ensure that you are knowledgeable about the characteristics of each group program. Provide a list of programs—with addresses, phone numbers, contacts, and a brief description—to each client.

3. Introducing Alternative Mutual-Help Groups

The counselor should research local options to 12-Step programs and expose clients to other types of recovery support in addition to 12-Step programs. Many clients find help from the organizations listed on pages 33 and 34.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are part of the recovery process. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using. Following through on decisions made during scheduling helps keep clients' rational brains in charge of behavior.

- Ask clients how the schedule they made at the end of the previous session helped them remain drug free.
- Ask clients what they learned about scheduling that will affect how they make future schedules.
- Have clients complete handout SCH 2—Daily/Hourly Schedule for the time between this session and session 5.

Homework (5 minutes)

Ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Encourage clients to attend at least one 12-Step or mutual-help meeting before session 5.

Session 5: Body Chemistry in Recovery

Goals of Session

- Help clients understand that recovery is a physical process that requires the body to adjust.
- Help clients understand specific physical symptoms that may occur during recovery.
- Help clients identify the stages of recovery and the challenges associated with them.
- Help clients consider ways to overcome the physical challenges of early recovery.

Handouts

- CAL 2—Calendar
- ERS 5—Roadmap for Recovery
- SCH 2—Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session topics, the counselor gives clients time to chart their progress on CAL 2—Calendar and encourages clients to share positive events they have experienced since the last session.

Topics for Group Discussion (35 minutes)

1. Discussing Recovery as a Physical Process

In addition to experiencing behavioral and emotional changes while in recovery, clients also experience physical changes. Clients' bodies also must adjust. The chemistry of the brain is altered by habitual substance use; clients can think of this adjustment period as a "healing" of the brain. During early recovery clients may experience symptoms such as depression, low energy, sleep disturbances, headaches, and anxiety. These symptoms are part of the body's healing process. If clients understand this, they are better able to focus on their recovery. Good nutrition, exercise, sufficient sleep, relaxation, and leisure activities to reduce stress may be beneficial, particularly during the early stages of recovery.

- Ask clients to share their experiences with prior attempts at recovery.
- Ask clients what physical symptoms they experienced during recovery. How long did these symptoms persist?
- Ask the recovering co-leader to share personal experiences of the physical difficulties of early recovery. What strategies or activities helped the recovering co-leader through the physical discomfort of early recovery?

2. Discussing the Stages of Recovery

Recovery from stimulant use can be divided into four stages: withdrawal, early abstinence (a.k.a. the Honeymoon), protracted abstinence (a.k.a. the Wall), and readjustment. These four stages were

originally developed to describe recovery from cocaine addiction. The length of time for various stages may vary for other stimulants. For example, because methamphetamine has a longer half-life in the body than cocaine, recovery from methamphetamine will lag behind the time periods listed on handout ERS 5—Roadmap for Recovery. The stages are a rough outline of the progress of recovery, and every client's experience is different. However, being familiar with the typical changes and challenges that come with recovery helps prepare clients for them.

- Go over handout ERS 5—Roadmap for Recovery. Explain to clients that the time periods listed provide a general outline of recovery and that their recovery may take slightly longer.
- For each stage, focus on the substances that people in the group had been using (e.g., if no one in the group used opioids, focus on stimulants and alcohol).
- Ask clients to discuss the symptoms they are experiencing.
- Caution clients about the intense cravings and risk of impulsive actions during the first 2 weeks of abstinence—the withdrawal stage. Also be certain that clients are aware of the challenges posed by the stage known as the Wall. Most relapses occur during one of these two stages.
- Remind clients of the need to continue attending treatment sessions and 12-Step or mutual-help meetings, even if, after several weeks of abstinence, they feel as if their substance use is behind them.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are part of the recovery process. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using. Following through on decisions made during scheduling helps keep clients' rational brains in charge of behavior.

- Ask clients how the schedule they made at the end of the previous session helped them remain drug free.
- Ask clients what they learned about scheduling that will affect how they make future schedules.
- Have clients complete handout SCH 2—Daily/Hourly Schedule for the time between this session and session 6.

Homework (5 minutes)

Ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Encourage clients to try one new activity or strategy to combat the physical symptoms of early abstinence. Remind them to eat well, exercise, get enough sleep, and try new leisure activities.

Session 6: Common Challenges in Early Recovery

Goals of Session

- Help clients understand that it is necessary to find new coping techniques that do not involve substance use.
- Help clients identify challenges and new solutions that maintain abstinence.
- Help clients understand the importance of stopping alcohol use.

Handouts

- CAL 2—Calendar
- ERS 6A—Five Common Challenges in Early Recovery
- ERS 6B—Alcohol Arguments
- SCH 2—Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session topics, the counselor gives clients time to chart their progress on CAL 2—Calendar and encourages clients to share positive events they have experienced since the last session.

Topics for Group Discussion (35 minutes)

1. Discussing Challenges Clients Often Face in Early Recovery

Many aspects of clients' lives require change if clients are to maintain abstinence. But certain areas and situations have proved to be particularly troublesome for people in recovery. Examining the five challenges listed on ERS 6A and discussing solutions help clients address these challenges more effectively. In the past, clients probably turned to substance use when they encountered one of these problem situations. Part of the recovery process is learning a new repertoire of responses to cope with these situations. Recovery consists of assembling new coping techniques one solution at a time. The wider the variety of coping techniques clients can call on, the better they are able to manage their problems.

- Go over handout ERS 6A—Five Common Challenges in Early Recovery with clients.
- Ask clients what solutions they think will be helpful to them when they face these scenarios. Do clients have suggested solutions that are not listed?
- Ask clients which challenges are particularly troublesome. How do they plan to address them?
- Ask the recovering co-leader to discuss how he or she handled these common early recovery challenges.
- Remind clients of the importance of scheduling. Many of the solutions on the handout involve planning abstinent outings or setting aside time for new activities. Rigorous scheduling helps clients maintain their abstinence.

2. Discussing the Importance of Stopping Alcohol Use

Some clients have problems giving up alcohol; some feel that giving up stimulants is enough work without making another major life adjustment. As discussed in session 5, when the Honeymoon stage ends after about 6 weeks of treatment, clients may experience intense cravings for stimulants. This also is the time when many clients return to alcohol use. Seeing no connection between alcohol and stimulants, clients may try to rationalize their return to alcohol use. It is important for clients to understand that it is necessary to abstain from alcohol to allow the brain to heal and that abstaining from alcohol will help them abstain from stimulants.

- Go over handout ERS 6B—Alcohol Arguments.
- Ask clients whether they have had some of these "arguments" with themselves. What other rationalizations for using alcohol have clients faced?
- Ask clients how they have responded to these rationalizations.
- Draw on the recovering co-leader's experience to help clients address their rationalizations of a return to alcohol use. What strategies has the co-leader used to abstain from alcohol?

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are part of the recovery process. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using. Following through on decisions made during scheduling helps keep clients' rational brains in charge of behavior.

- Ask clients how the schedule they made at the end of the previous session helped them remain drug free.
- Ask clients what they learned about scheduling that will affect how they make future schedules.
- Have clients complete handout SCH 2—Daily/Hourly Schedule for the time between this session and session 7.

Homework (5 minutes)

Ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

When clients are confronted with a problem, encourage them to try one of the alternatives discussed on handout ERS 6A—Five Common Challenges in Early Recovery. In addition to the arguments listed on handout ERS 6B—Alcohol Arguments, have clients think of another argument for remaining abstinent from alcohol and record it in their *Client's Treatment Companion* on page 8.

Session 7: Thinking, Feeling, and Doing

Goals of Session

- Help clients understand the connections among thoughts, emotions, and behavior.
- Help clients understand how thoughts and emotions contribute to behavior.
- Help clients understand that responses to thoughts and emotions can be controlled.
- Help clients identify behaviors that are related to substance use.

Handouts

- CAL 2—Calendar
- ERS 7A—Thoughts, Emotions, and Behavior
- ERS 7B—Addictive Behavior
- SCH 2—Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session topics, the counselor gives clients time to chart their progress on CAL 2—Calendar and encourages clients to share positive events they have experienced since the last session.

Topics for Group Discussion (35 minutes)

1. Discussing Connections Among Thoughts, Emotions, and Behavior

Many people assume that thoughts and emotions happen outside their control. Because they feel that they cannot influence or change their thoughts and emotions, these people may not consider the effects that their thoughts and emotions can have on behavior. In session 1, the group discussed how emotions can act as triggers for substance use and how thoughts, if not stopped, can lead to cravings. It is important for clients to become aware of thoughts and emotions, to be able to observe and analyze them. Clients can look for patterns in their thoughts and emotions. They also can pay attention to how their thoughts and feelings are expressed in body language, physical changes, and behavior. Attuned to their thoughts and feelings, clients are better able to recognize which thoughts and emotions are connected to substance use. This recognition helps clients exercise control over their responses.

- Go over handout ERS 7A—Thoughts, Emotions, and Behavior.
- Ask clients about the differences between thoughts and emotions. How do clients respond to each?
- Review thought-stopping techniques, and ask clients to share the visualizations they use to stop thoughts of using.
- State that usually positive emotions (e.g., excitement, joy, gratitude) are considered good things. What are some positive emotions that can lead to substance use?

- Ask the recovering co-leader to discuss how he or she controls thoughts and emotions.
- Ask clients what connections they can make between thoughts and behavior and between emotions and behavior.
- Remind clients of the importance of scheduling. Planning time thoroughly is one way of gaining control of behavior. Attending 12-Step or mutual-help meetings, finding new activities, and resuming old hobbies also are good ways of steering behavior in productive directions.

2. Discussing the Importance of Recognizing Early Movement Toward Addictive Behaviors

People who abuse substances often feel that their behavior is out of their control because they experience uncontrollable urges to use substances. By breaking down a behavior into the steps that precede it, clients are able to control how they respond to urges. In session 1, clients learned about thought-stopping techniques (handout ERS 1C) that can interrupt the sequence of events that leads to craving and then to using substances. Another way to prevent the reemergence of addictive behaviors is for clients to recognize the early warning signs of substance abuse: behaviors that clients know are linked to substance abuse for them. Clients cannot maintain a successful recovery from substance abuse if they continue to engage in the behaviors that accompanied substance abuse.

- Go over handout ERS 7B—Addictive Behavior.
- Ask clients to assess honestly which behaviors from the list on the handout are related to their substance abuse.
- Ask clients what behaviors that place them at risk for relapse are not listed.
- Ask clients to think about how they can monitor their behavior (e.g., regular 12-Step attendance, keeping a diary, staying in touch with their sponsors).
- Ask clients what they will do to avoid returning to substance use if they recognize that they have slipped into one of these addictive behaviors.
- Ask the recovering co-leader to share experiences with addictive behaviors and how he or she avoided relapsing to substance use.
- Ask the recovering co-leader to describe the benefits of being vigilant about addictive behaviors.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are part of the recovery process. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using. Following through on decisions made during scheduling helps keep clients' rational brains in charge of behavior.

- Ask clients how the schedule they made at the end of the previous session helped them remain drug free.
- Ask clients what they learned about scheduling that will affect how they make future schedules.

- Have clients complete handout SCH 2—Daily/Hourly Schedule for the time between this session and session 8.

Homework (5 minutes)

Ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

Have clients use pages 10 and 11 in their *Client's Treatment Companion* to list a feeling that is linked with substance use, then list three ways of coping with that feeling that do not involve substance use.

Session 8: 12-Step Wisdom

Goals of Session

- Help clients identify 12-Step sayings that are helpful in recovery.
- Help clients identify situations in which 12-Step sayings are helpful.
- Help clients understand that people are more vulnerable to relapse when they are hungry, angry, lonely, or tired.

Handouts

- CAL 2—Calendar
- ERS 8—12-Step Sayings
- SCH 2—Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session topics, the counselor gives clients time to chart their progress on CAL 2—Calendar and encourages clients to share positive events they have experienced since the last session.

Topics for Group Discussion (35 minutes)

1. Discussing the Usefulness of 12-Step Sayings

Many sayings that originated in Alcoholics Anonymous and became part of other 12-Step programs have taken root in popular discourse, too. Such phrases as “One day at a time” and “Keep it simple” may be familiar even to clients who have not participated in a 12-Step program. Because the phrases are familiar, clients may take them for granted. The counselor should present these sayings in the context of 12-Step programs so that clients can understand their value. The direct approach to recovery that these sayings convey can be used to support the usefulness of 12-Step participation.

- Go over handout ERS 8—12-Step Sayings (up to discussion of the HALT acronym).
- Ask clients which 12-Step sayings they find useful. Why?
- Ask clients to imagine situations in which they would call on these phrases for strength or encouragement.
- Ask the recovering co-leader to discuss what 12-Step wisdom means and how it has helped him or her in recovery.

2. Using 12-Step Wisdom To Avoid Relapse

The counselor explains the acronym, HALT. Clients who have participated in 12-Step programs before will be familiar with it and should be called on to help explain its importance. Recovery is a process of returning the body to a normal, healthy state. Controlling *hunger* by eating regularly is an important part of recovery. *Anger* is a frequent cause of relapse; it can drag clients down, making them feel bitter and resentful. It is important for clients to learn how to recognize and control anger. *Loneliness* is a common experience for clients in recovery; clients may feel isolated from friends and loved ones. The supportive fellowship of others in recovery helps combat loneliness. Feeling *tired* is often a warning sign of a relapse. Along with eating well, regular exercise and rest mitigate fatigue.

- Go over the HALT acronym presented in handout ERS 8—12-Step Sayings.
- Ask clients to share their answers to the questions at the end of the handout.
- Ask clients which of the HALT states poses the greatest relapse risk for them. What strategies will help them avoid the relapse pitfalls mentioned in HALT?
- Ask clients what other relapse risks exist for them. List these and perhaps make an acronym that represents them.
- Ask the recovering co-leader to explain how HALT has helped him or her avoid relapse.

3. Offering an Alternative Approach

The counselor should research local options to 12-Step programs and expose clients to other types of recovery support in addition to 12-Step programs. Many clients find help from the organizations listed on pages 33 and 34.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are part of the recovery process. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using. Following through on decisions made during scheduling helps keep clients' rational brains in charge of behavior.

- Ask clients how the schedule they made at the end of the previous session helped them remain drug free.
- Ask clients what they learned about scheduling that will affect how they make future schedules.
- Have clients complete handout SCH 2—Daily/Hourly Schedule for the time between this session and their next treatment group session.

Homework (5 minutes)

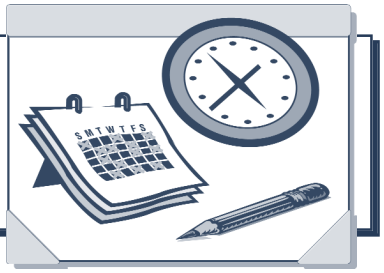
Ask clients to share briefly their experience of doing the homework from the previous session. The counselor can decide how detailed the followup on homework should be. The goal of asking is not to discover which clients have not done the homework but to encourage clients to work on their recovery between sessions and to share that work with the group.

This is the final session of the Early Recovery Skills portion of treatment. Have clients take some time to reflect on what they have learned. Encourage them to write on pages 10 and 11 of their *Client's Treatment Companion* and describe how they will use the skills they have learned to help them in their recovery.

Handouts for Early Recovery Skills Group Sessions

The handouts that follow are to be used by clients with the counselor's guidance. The handouts will help clients make the most of the eight ERS sessions.

SCH 1 The Importance of Scheduling



Scheduling may be a difficult and boring task if you're not used to it. It is, however, an important part of the recovery process. People with substance use disorders do not schedule their time. Scheduling your time will help you achieve and maintain abstinence.

Why Is Scheduling Necessary?

If you began your recovery in a hospital, you would have the structure of the program and the building to help you stop using. As a person in outpatient treatment, you have to build that structure to help support you as you continue functioning in the world. Your schedule is your structure.

Do I Need To Write Down My Schedule?

Absolutely. Schedules that are in your head are too easily revised. If you write down your schedule while your rational brain is in control and then follow the schedule, you will be doing what you *think* you should be doing instead of what you *feel like* doing.

What if I Am Not an Organized Person?

Learn to be organized. Buy a schedule book and work with your counselor. Thorough scheduling of your activities is very important to treating your substance use disorder. Remember, your rational brain plans the schedule. If you follow the schedule, you won't use. Your addicted brain wants to be out of control. If you go off the schedule, your addicted brain may be taking you back to using drugs or drinking.

Who Decides What I Schedule?

You do! You may consider suggestions made by your counselor or family members, but the final decision is yours. Just be sure you do what you wrote down. Follow your schedule; try not to make any changes.

Most people can schedule a 24-hour period and follow it. If you can, you are on your way to gaining control of your life. If you cannot, you may need to consider a higher level of care as a start.

SCH 2

Daily/Hourly Schedule

Date:

7:00 AM

8:00 AM

9:00 AM

10:00 AM

11:00 AM

12:00 PM

1:00 PM

2:00 PM

3:00 PM

4:00 PM

5:00 PM

6:00 PM

7:00 PM

8:00 PM

9:00 PM

10:00 PM

11:00 PM

How many hours will you sleep? _____

From _____ To _____

Notes:

Reminders:

CAL 1 Marking Progress

It is useful for both you and your counselor to know where you are in the recovery process at all times. Marking a calendar as you go helps in several ways:

- It's a reminder of how far you've come in your recovery.
- A feeling of pride often results from seeing the number of days you have been abstinent.
- Recovery can seem very long unless you can measure your progress in short units of time.

Make a mark to record on the calendar pages every day of abstinence you achieve. You may decide to continue the exercise following the program.

If you record your abstinent days regularly, this simple procedure will help you and your counselor see your progress.

CAL 2

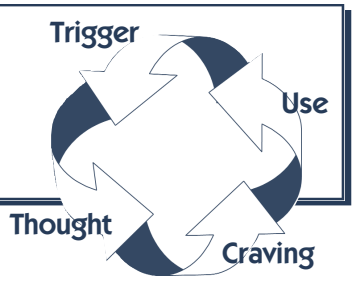
Calendar

Month:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

ERS 1A

Triggers



Triggers are people, places, objects, feelings, and times that cause cravings. For example, if every Friday night someone cashes a paycheck, goes out with friends, and uses stimulants, the triggers might be

- Friday night
- Friends who use
- After work
- A bar or club
- Money

Your brain associates the triggers with substance use. As a result of constant triggering and using, one trigger can cause you to move toward substance use. The trigger–thought–craving–use cycle feels overwhelming.

Stopping the craving process is an important part of treatment. The best way to do that is to do the following:

1. Identify triggers.
2. Prevent exposure to triggers whenever possible (for example, do not handle large amounts of cash).
3. Cope with triggers differently than in the past (for example, schedule exercise and a 12-Step or mutual-help meeting for Friday nights).

Remember, triggers affect your brain and cause cravings even though you have decided to stop substance use. Your intentions to stop must translate into behavior changes, which keep you away from possible triggers.

What are some of the strongest triggers for you?

What particular triggers might be a problem in the near future?

ERS 1B Trigger–Thought–Craving–Use

The Losing Argument

If you decide to stop drinking or using but at some point end up moving toward using substances, your brain has given you permission by using a process called relapse justification. Thoughts about using start an argument inside your head—your rational self versus your substance-dependent self. You feel as though you are in a fight, and you must come up with many reasons to stay abstinent. Your mind is looking for an excuse to use again. You are looking for a relapse justification. The argument inside you is part of a series of events leading to substance use. How often in the past has your substance dependence lost this argument?

Thoughts Become Cravings

Craving does not always occur in a straightforward, easily recognized form. Often the thought of using passes through your head with little or no effect. But it's important to identify these thoughts and try to eliminate them. It takes effort to identify and stop a thought. However, allowing yourself to continue thinking about substance use is choosing to relapse. The further the thoughts are allowed to go, the more likely you are to relapse.

The "Automatic" Process

During addiction, triggers, thoughts, cravings, and use seem to run together. However, the usual sequence goes like this:

TRIGGER ⇨ THOUGHT ⇨ CRAVING ⇨ USE

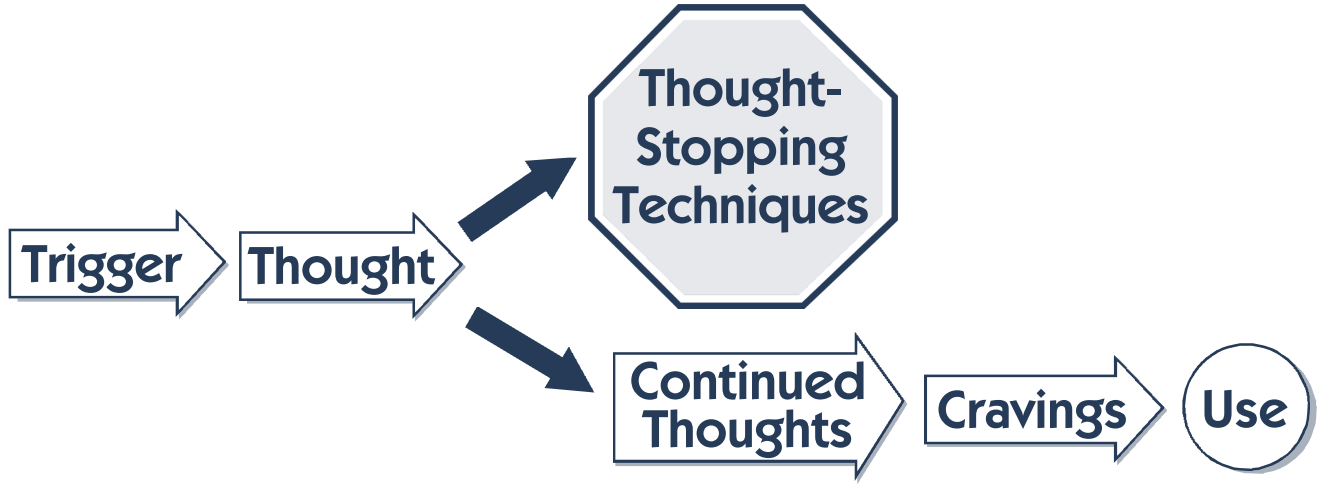
Thought Stopping

The only way to ensure that a thought won't lead to a relapse is to stop the thought before it leads to craving. Stopping the thought when it first begins prevents it from building into an overpowering craving. It is important to do it as soon as you realize you are thinking about using.

ERS 1C Thought-Stopping Techniques

A New Sequence

To start recovery, it is necessary to interrupt the trigger–thought–craving–use sequence. Thought stopping provides a tool for disrupting the process.



This process is not automatic. You make a choice either to continue thinking about using (and start on the path toward relapse) or to stop those thoughts.

Thought-Stopping Techniques

Try the techniques described below, and use those that work best for you:

Visualization. Imagine a scene in which you deny the power of thoughts of use. For example, picture a switch or a lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the using thoughts. Have another picture ready to think about in place of those thoughts.

ERS 1C Thought-Stopping Techniques

Snapping. Wear a rubber-band loosely on your wrist. Each time you become aware of thoughts of using, snap the rubberband and say, “No!” to the thoughts as you make yourself think about another subject. Have a subject ready that is meaningful and interesting to you.

Relaxation. Feelings of hollowness, heaviness, and cramping in the stomach are cravings. These often can be relieved by breathing in deeply (filling lungs with air) and breathing out slowly. Do this three times. You should be able to feel the tightness leaving your body. Repeat this whenever the feeling returns.

Call someone. Talking to another person provides an outlet for your feelings and allows you to hear your thinking process. Have phone numbers of supportive, available people with you always, so you can use them when you need them.

ALLOWING THE THOUGHTS TO DEVELOP INTO CRAVINGS IS MAKING A CHOICE TO REMAIN DEPENDENT ON SUBSTANCES.

ERS 2A

External Trigger Questionnaire

Place a checkmark next to activities, situations, or settings in which you frequently used substances; place a zero next to activities, situations, or settings in which you never have used substances.

- ☐ Home alone
- ☐ Home with friends
- ☐ Friend's home
- ☐ Parties
- ☐ Sporting events
- ☐ Movies
- ☐ Bars/clubs
- ☐ Beach
- ☐ Concerts
- ☐ With friends who use drugs
- ☐ When gaining weight
- ☐ Vacations/holidays
- ☐ When it's raining
- ☐ Before a date
- ☐ During a date
- ☐ Before sexual activities
- ☐ During sexual activities
- ☐ After sexual activities
- ☐ Before work
- ☐ When carrying money
- ☐ After going past dealer's residence
- ☐ Driving
- ☐ Liquor store
- ☐ During work
- ☐ Talking on the phone
- ☐ Recovery groups
- ☐ After payday
- ☐ Before going out to dinner
- ☐ Before breakfast
- ☐ At lunch break
- ☐ While at dinner
- ☐ After work
- ☐ After passing a particular street or exit
- ☐ School
- ☐ The park
- ☐ In the neighborhood
- ☐ Weekends
- ☐ With family members
- ☐ When in pain

List any other activities, situations, or settings where you frequently have used.

_____

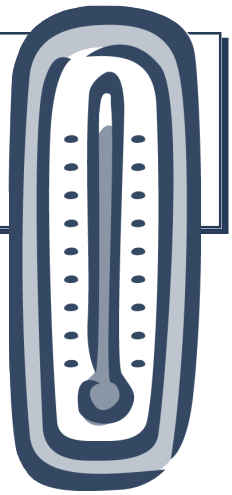
List activities, situations, or settings in which you would not use.

_____

List people you could be with and not use.

_____

ERS 2B External Trigger Chart



Name: _____ **Date:**_____

Instructions: List people, places, objects, or situations below according to their degree of association with substance use.

0% Chance of Using — **100% Chance of Using**

Never Use	Almost Never Use	Almost Always Use	Always Use




These situations are “safe.”	These situations are low risk, but caution is needed.	These situations are high risk. Staying in these situations is extremely dangerous.	Involvement in these situations is deciding to stay addicted. Avoid totally.

ERS 3A Internal Trigger Questionnaire

During recovery certain feelings or emotions often trigger the brain to think about using substances. Read the following list of feelings and emotions, and place a check-mark next to those that might trigger thoughts of using for you. Place a zero next to those that are not connected with using.

☐ Afraid	☐ Criticized	☐ Excited	☐ Aroused
☐ Frustrated	☐ Inadequate	☐ Jealous	☐ Revengeful
☐ Neglected	☐ Pressured	☐ Bored	☐ Worried
☐ Angry	☐ Depressed	☐ Exhausted	☐ Grieving
☐ Guilty	☐ Insecure	☐ Lonely	☐ Resentful
☐ Nervous	☐ Relaxed	☐ Envious	☐ Overwhelmed
☐ Confident	☐ Embarrassed	☐ Deprived	☐ Misunderstood
☐ Happy	☐ Irritated	☐ Humiliated	☐ Paranoid
☐ Passionate	☐ Sad	☐ Anxious	☐ Hungry

What emotional states that are not listed above have triggered you to use substances?

_____

Was your use in the weeks before entering treatment

_____ Tied primarily to emotional conditions?

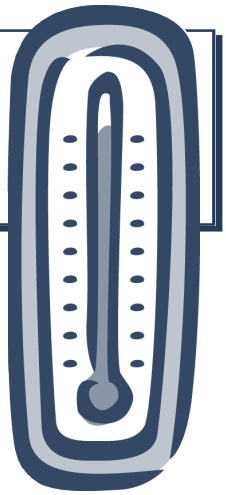
_____ Routine and automatic without much emotional triggering?

Were there times in the recent past when you were not using and a specific change in your mood clearly resulted in your wanting to use (for example, you got in a fight with someone and wanted to use in response to getting angry)? Yes _____ No _____ **If yes, describe:**

_____

ERS 3B

Internal Trigger Chart



Name: _____ **Date:**_____

Instructions: List emotional states below according to their degree of association with substance use.

0%
Chance of Using

100%
Chance of Using

Never Use	Almost Never Use	Almost Always Use	Always Use

These emotions are “safe.”

These emotions are low risk, but caution is needed.

These emotions are high risk.

Persisting in these emotions is deciding to stay addicted. Avoid totally.

ERS 4A 12-Step Introduction

Meetings

What Is a 12-Step Program?

In the 1930s, Alcoholics Anonymous (AA) was founded by two men who could not cope with their own alcoholism through psychiatry or medicine. They found a number of specific principles helped people overcome their alcohol dependence. They formed AA to introduce people who were dependent on alcohol to these self-help principles. The AA concepts have been adapted to stimulant and other drug addictions (for example, Crystal Meth Anonymous, Narcotics Anonymous [NA], and Cocaine Anonymous) and to compulsive behaviors such as gambling and overeating.

People dependent on drugs or alcohol have found that others who also are dependent can provide enormous support and help to one another. For this reason, these groups are called fellowships, where participants show concern and support for one another through sharing and understanding.

Do I Need To Attend 12-Step Meetings?

If treatment in this program is going to work for you, it is essential to establish a network of support for your recovery. Attending treatment sessions without going to 12-Step meetings may produce a temporary effect. But without involvement in self-help programs, it is very unlikely that you will successfully recover. Clients in these programs should attend three 12-Step meetings per week during their treatment involvement. Many successfully abstinent people go to 90 meetings in 90 days. The more you participate in treatment and 12-Step meetings, the greater your chance for recovery.

Are All Meetings the Same?

No. There are different types of meetings:

- Speaker meetings feature a person in recovery telling his or her story of drug and alcohol use and recovery.

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- Topic meetings have a discussion on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced.
- Step/Tradition meetings are special meetings where the 12 Steps and 12 Traditions are discussed.
- Book study meetings focus on reading a chapter from the main text of the 12-Step group. (For AA, this is the Big Book; for NA, the Basic Text.) Book study meetings often focus on someone's experience or a recovery-related topic.
- Depending on where you live, there may be language-specific meetings, gender-specific meetings, open meetings, meetings based on participants' sexual orientation, and meetings for people who also have a mental disorder ("double trouble" Dual Recovery Anonymous meetings).

Are the 12-Step Programs Religious?

No. None of the 12-Step programs are religious, but spiritual growth is considered a part of recovery. Spiritual choices are very personal and individual. Each person decides for himself or herself what the term "higher power" means. Both nonreligious and religious people can find value and support in 12-Step programs.

How Do I Find a Meeting?

You can call directory assistance or check the phonebook for Alcoholics Anonymous, Cocaine Anonymous, or Narcotics Anonymous. Listings for Crystal Meth Anonymous meetings can be found at www.crystalmeth.org. You can call the numbers available from the Web site and speak to someone who can tell you when and where meetings are scheduled. At meetings, directories are available that list meetings by city, street address, and meeting time and include information about the meeting (for example,

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speaker, step study, nonsmoking, men's, or women's). Another way to find a good meeting is to ask someone who goes to 12-Step meetings.

Sponsors

The first few weeks and months of recovery are frustrating. Many things happen that are confusing and frightening. During this difficult period, there are many times when people in recovery need to talk about problems and fears. A sponsor helps guide a newcomer through this process.

What Do Sponsors Do?

- Sponsors help the newcomer by answering questions and explaining the 12-Step recovery process.
- Sponsors agree to be available to listen to their sponsorees' difficulties and frustrations and to share their insights and solutions.
- Sponsors provide guidance and help address problems their sponsorees are having. This advice comes from their personal experiences with long-term abstinence.
- Sponsors are people with whom addiction-related secrets and guilt feelings can be shared easily. They agree to keep these secrets confidential and to protect the newcomer's anonymity.
- Sponsors warn their sponsorees when they get off the path of recovery. Sponsors often are the first people to know when their sponsorees experience a slip or relapse. So, sponsors often push their sponsorees to attend more meetings or get help for problems.
- Sponsors help their sponsorees work through the 12 Steps.

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How Do I Pick a Sponsor?

The process of choosing a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. But you need to think carefully about whom you will ask to sponsor you. Most people select a sponsor who seems to be living a healthy and responsible life, the kind of life a person in recovery would want to lead.

Some general guidelines for selecting a sponsor include the following:

- A sponsor should have several years of abstinence from all mood-altering drugs.
- A sponsor should have a healthful lifestyle and not be struggling with major problems or addiction.
- A sponsor should be an active and regular participant in 12-Step meetings. Also, a sponsor should be someone who actively “works” the 12 Steps.
- A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.
- A sponsor should be someone you would not become romantically interested in.

Alternatives to 12-Step Programs

There are alternatives to 12-Step groups, many of which are not based on the concept of a higher power. Although the philosophies of these groups differ, most offer a mutual-help approach that focuses on personal responsibility, personal empowerment, and strength through an abstinent social network. Here are a few notable alternatives to 12-Step groups:

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- Women for Sobriety (www.womenforsobriety.org) helps women overcome alcohol dependence through emotional and spiritual growth.
- Jewish Alcoholics, Chemically Dependent Persons and Significant Others (JACS) (www.jacsweb.org) helps people explore recovery in a nurturing Jewish environment.
- Self-Management and Recovery Training (SMART) (www.smartrecovery.org) is a cognitive–behavioral group approach that focuses on self-reliance, problemsolving, coping strategies, and a balanced lifestyle.
- Secular Organizations for Sobriety (www.secularhumanism.org) maintains that sobriety is a separate issue from religion or spirituality and credits the individual for achieving and maintaining sobriety.
- Community-based spiritual fellowships, which take place in churches, synagogues, mosques, temples, and other spiritually focused settings, often help people clarify their values and change their lives.

Questions To Consider

- Have you ever been to a 12-Step meeting? If so, what was your experience?
- Have you attended any other types of recovery meetings (such as those listed above)?
- Do you plan to attend any 12-Step meetings? Where? When?
- How might you make use of 12-Step meetings to stop using?
- Are there alternatives to 12-Step meetings that you might consider attending?

ERS 4B The Serenity Prayer and the 12 Steps of Alcoholics Anonymous

The Serenity Prayer

God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

The 12 Steps of Alcoholics Anonymous*

1 We admitted that we were powerless over alcohol—that our lives had become unmanageable.

2 Came to believe that a Power greater than ourselves could restore us to sanity.

3 Made a decision to turn our will and our lives over to the care of God as we understood Him.

4 Made a searching and fearless moral inventory of ourselves.

5 Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6 Were entirely ready to have God remove all these defects of character.

7 Humbly asked Him to remove our shortcomings.

8 Made a list of all persons we had harmed and became willing to make amends to them all.

9 Made direct amends to such people wherever possible, except when to do so would injure them or others.

10 Continued to take personal inventory, and when we were wrong, promptly admitted it.

11 Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12 Having had a spiritual awakening as a result of the steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

ERS 5 Roadmap for Recovery

Recovery from a substance use disorder is not a mysterious process. After the use of substances is stopped, the brain goes through a biological readjustment. This readjustment process is essentially a “healing” of the chemical changes that were produced in the brain by substance use. It is important for people in the beginning stages of recovery to understand why they may experience some physical and emotional difficulties. The durations of the stages listed below are a rough guide of recovery, not a schedule. The length of stages will vary from person to person. The substance used will affect the client’s progress through the stages, too. Clients who had been using methamphetamine will tend to spend more time in each stage than clients who were using cocaine or other stimulants.

The Stages

Withdrawal Stage (1 to 2 weeks)

During the first days after substance use is stopped, some people experience difficult symptoms. The extent of the symptoms often is related to the amount, frequency, and type of their previous substance use.

For people who use stimulants, withdrawal can be accompanied by drug craving, depression, low energy, difficulty sleeping or excessive sleep, increased appetite, and difficulty concentrating. Although people who use stimulants do not experience the same degree of physical symptoms as do people who use alcohol, the psychological symptoms of craving and depression can be quite severe. Clients may have trouble coping with stress and may be irritable.

ERS 5 Roadmap for Recovery

People who drank alcohol in large amounts may have the most severe symptoms. The symptoms can include nausea, low energy, anxiety, shakiness, depression, intense emotions, insomnia, irritability, difficulty concentrating, and memory problems. These symptoms typically last 3 to 5 days but can last up to several weeks. Some people must be hospitalized to detox safely.

For people who used opioids or prescription drugs, the 7- to 10-day withdrawal period (or longer for people who use benzodiazepines) can be physically uncomfortable and may require hospitalization and medication. It is essential to have a physician closely monitor withdrawal in people dependent on these substances. Along with the physical discomfort, many people experience nervousness, trouble sleeping, depression, and difficulty concentrating. Successfully completing withdrawal from these substances is a major achievement in early recovery.

Early Abstinence (4 weeks; follows Withdrawal)

For people who used stimulants, this 4-week period is called the Honeymoon. Most people feel quite good during this period and often feel “cured.” As a result, clients may want to drop out of treatment or stop attending 12-Step meetings during the Honeymoon period. Early abstinence should be used as an opportunity to establish a good foundation for recovery. If clients can direct the energy, enthusiasm, and optimism felt during this period into recovery activities, they can lay the foundation for future success.

For people who used alcohol, this 4-week period is marked by the brain’s recovery. Although the physical withdrawal symptoms have ended, clients still are getting used to the absence of substances. Thinking may be unclear, concentration may be poor, nervousness and anxiety may be troubling, sleep is often irregular, and, in many ways, life feels too intense.

ERS 5 Roadmap for Recovery

For those who used opioids or prescription drugs, there is essentially a gradual normalization during this period. In many ways the process is similar to the alcohol recovery timetable. Slow, gradual improvement in symptoms is evidence that the recovery is progressing.

Protracted Abstinence (3.5 months; follows Early Abstinence)

From 6 weeks to 5 months after clients stop using, they may experience a variety of annoying and troublesome symptoms. These symptoms—difficulties with thoughts and feelings—are caused by the continuing healing process in the brain. This period is called the Wall. It is important for clients to be aware that some of the feelings during this period are the result of changes in brain chemistry. If clients remain abstinent, the feelings will pass. The most common symptoms are depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm. Clients also may experience strong cravings during protracted abstinence. Relapse risk goes up during this period. Clients must stay focused on remaining abstinent one day at a time. Exercise helps tremendously during this period. For most clients, completing this phase in recovery is a major achievement.

Readjustment (2 months; follows Protracted Abstinence)

After 5 months, the brain has recovered substantially. Now, the client's main task is developing a life that has fulfilling activities that support continued recovery. Although a difficult part of recovery is over, hard work is needed to improve the quality of life. Because cravings occur less often and feel less intense 6 months into recovery, clients may be less aware of relapse risk and put themselves in high-risk situations and increase their relapse risk.

ERS 6A Five Common Challenges in Early Recovery

Everyone who attempts to stop using substances runs into situations that make it difficult to maintain abstinence. Listed below are five of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

Challenges	New Approaches
1 Friends and associates who use: You want to continue associations with old friends or friends who use.	• Try to make new friends at 12-Step or mutual-help meetings. • Participate in new activities or hobbies that will increase your chances of meeting abstinent people. • Plan activities with abstinent friends or family members.
2 Anger, irritability: Small events can create feelings of anger that seem to preoccupy your thoughts and can lead to relapse.	• Remind yourself that recovery involves a healing of brain chemistry. Strong, unpredictable emotions are a natural part of recovery. • Engage in exercise. • Talk to a counselor or a supportive friend.
3 Substances in the home: You have decided to stop using, but others in your house may still be using.	• Get rid of all drugs and alcohol. • Ask others to refrain from using and drinking at home. • If you continue to have a problem, think about moving out for a while.

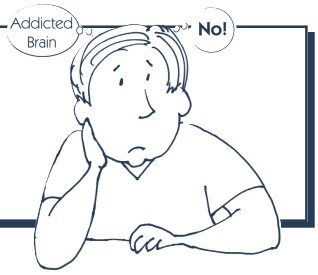
ERS 6A Five Common Challenges in Early Recovery

Challenges	New Approaches
 **Boredom, loneliness:** Stopping substance use often means that activities you did for fun and the people with whom you did them must be avoided.	• Put new activities in your schedule. • Go back to activities you enjoyed before your addiction took over. • Develop new friends at 12-Step or mutual-help meetings.
 **Special occasions:** Parties, dinners, business meetings, and holidays without substance use can be difficult.	• Have a plan for answering questions about not using substances. • Start your own abstinent celebrations and traditions. • Have your own transportation to and from events. • Leave if you get uncomfortable or start feeling deprived.

Are some of these issues likely to be problems for you in the next few weeks? Which ones?

How will you handle them?

ERS 6B Alcohol Arguments



Have you been able to stop using alcohol completely? At about 6 weeks into the recovery process, many people return to alcohol use. Has your addicted brain played with the idea? These are some of the most common arguments against stopping the use of alcohol and answers to the arguments.

I came here to stop using speed, not to stop drinking. Part of stopping methamphetamine use is stopping all substance use, including alcohol use.

I've had drinks and not used, so it doesn't make any difference. Drinking over time greatly increases the risk of relapse. A single drink does not necessarily cause relapse anymore than a single cigarette causes lung cancer. However, with continued drinking, the risks of relapse greatly increase.

Drinking actually helps. When I have a craving, a drink calms me down, and the craving goes away. Alcohol interferes with the brain's chemical healing process. Continued alcohol use eventually intensifies cravings, even if one drink seems to reduce cravings.

I'm not an alcoholic, so why do I need to stop drinking. If you're not an alcoholic, you should have no problem stopping alcohol use. If you can't stop, maybe alcohol is more of a problem than you realize.

I'm never going to use drugs again, but I'm not sure I'll never drink again. Make a 6-month commitment to total abstinence. Give yourself the chance to make a decision about alcohol with a drug-free brain. If you reject alcohol abstinence because "forever" scares you, then you're justifying drinking now and risking relapse to substance use.

Has your addicted brain presented you with other justifications? If so, what are they?

How are you planning to handle alcohol use in the future?

ERS 7A Thoughts, Emotions, and Behavior

Habitual substance use changes the way people think, how they feel, and how they behave. How do these changes affect the recovery process?

Thoughts

Thoughts happen in the rational part of the brain. They are like pictures on the TV screen of the mind. Thoughts can be controlled. As you become aware of your thoughts, you can learn to change channels in your brain. Learning to turn off thoughts of substance use is a very important part of the recovery process. It is not easy to become aware of your thinking and to learn to control the process. With practice it gets easier.

Emotions

Emotions are feelings. Happiness, sadness, anger, and fear are some basic emotions. Feelings are the mind's response to things that happen to you. Feelings cannot be controlled; they are neither good nor bad. It is important to be aware of your feelings. Talking to family members, friends, or a counselor can help you recognize how you feel. People normally feel a range of emotions. Drugs can change your emotions by changing the way your brain works. During recovery, emotions are often still mixed up. Sometimes you feel irritated for no reason or great even though nothing wonderful has happened. You cannot control or choose your feelings, but you can control what you do about them.

Behavior

What you do is behavior. Work is behavior. Play is behavior. Going to treatment is behavior, and substance use is behavior. Behavior can result from an emotion, from a thought, or from a combination of both. Repeated use of a substance changes your thoughts and pushes your emotions toward substance use. This powerful, automatic process has to be brought back under control for recovery to occur. Structuring time, attending 12-Step or mutual-help meetings, and engaging in new activities are all ways of regaining control. The goal in recovery is to learn to combine your thinking and feeling self and behave in ways that are best for you and your life.

ERS 7B Addictive Behavior

People who abuse substances often feel that their lives are out of control. Maintaining control becomes harder and harder the longer they have been abusing substances. People do desperate things to continue to appear normal. These desperate behaviors are called addictive behaviors—behaviors related to substance use. Sometimes these addictive behaviors occur only when people are using or moving toward using. Recognize when you begin to engage in these behaviors. That's when you know to start fighting extra hard to move away from relapse.

Which of these behaviors do you think are related to your drug or alcohol use?

- ☐ Lying
- ☐ Stealing
- ☐ Being irresponsible (for example, not meeting family or work commitments)
- ☐ Being unreliable (for example, being late for appointments, breaking promises)
- ☐ Being careless about health and grooming (for example, wearing "using" clothes, avoiding exercise, eating poorly, having a messy appearance)
- ☐ Getting sloppy in housekeeping
- ☐ Behaving impulsively (without thinking)
- ☐ Behaving compulsively (for example, too much eating, working, sex)
- ☐ Changing work habits (for example, working more, less, not at all, new job, change in hours)
- ☐ Losing interest in things (for example, recreational activities, family life)
- ☐ Isolating (staying by yourself much of the time)
- ☐ Missing or being late for treatment
- ☐ Using other drugs or alcohol
- ☐ Stopping prescribed medication (for example, disulfiram, naltrexone)

ERS 8

12-Step Sayings

The program of Alcoholics Anonymous has developed some short sayings that help people in their day-to-day efforts at staying sober. These concepts are often useful tools in learning how to establish sobriety.

One day at a time. This is a key concept in staying abstinent. Don't obsess about staying abstinent forever. Just focus on today.

Turn it over. Sometimes people with addictions jeopardize their recovery by tackling problems that cannot be solved. Finding a way to let go of issues so that you can focus on staying abstinent is a very important skill.

Keep it simple. Learning to stay abstinent can get complicated and seem overwhelming if you let it. In fact, there are some simple concepts involved. Don't make this process difficult: keep it simple.

Take what you need and leave the rest. Not everyone benefits from every part of 12-Step meetings. It is not a perfect program. However, if you focus on the parts you find useful, rather than the ones that bother you, the program has something for you.

Bring your body, the mind will follow. The most important aspect of 12-Step programs is attending the meetings. It takes a while to feel completely comfortable. Try different meetings, try to meet people, and read the materials. Just go and keep going.

HALT

This acronym is familiar to people in the 12-Step programs. It is a shorthand way of reminding people in recovery that they are especially vulnerable to relapse when they are too hungry, angry, lonely, or tired.

Hungry: When people are using, they often ignore their nutritional needs. People in recovery need to relearn the importance of eating regularly. Being hungry can cause changes in body chemistry that make people less able to control themselves or avoid cravings. Often the person feels anxious and upset but doesn't associate the feelings with hunger. Eating regularly increases emotional stability.

ERS 8

12-Step Sayings

Angry: This emotional state is probably the most common cause of relapse to drug use. Learning to cope with anger in a healthy way is difficult for many people. It is not healthy to act in anger without thinking about the consequences. Nor is it healthy to hold anger in and try to pretend it doesn't exist. Talking about anger-producing situations and how to handle them is an important part of recovery.

Lonely: Recovery is often a lonely process. People lose relationships because of their substance use. As part of staying abstinent, people in recovery may have to give up friends who still use. The feelings of loneliness are real and painful. They make people more vulnerable to relapse.

Tired: Sleep disorders are often a part of early recovery. People in recovery frequently have to give up chemical aids to sleep that they used in the past. Being tired is often a trigger for relapse. Feeling exhausted and low on energy leaves people vulnerable and unable to function in a healthy way.

How often do you find yourself in one or more of these emotional states?

What could you do differently to avoid being so vulnerable?